## Rest Available Coba

DATENT ADDI IOATION PER DETECTION ATTON									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999									09/6344/6					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA	ALL	ENTITY	OR	OTHER		
FOR			NUMBER FILED			NUMBER EXTRA			ΓΕ	FEE	]	RATE	FEE	
BASIC FEE									Ž.	345.00	OR		690.00	
TOTAL CLAIMS			27	7 minus 20=		· 2		X\$	9=		OR	X\$18=	36.00	
INDEPENDENT CLAIMS			6	minus	3 =	: 3		Х3	9=		OR	X78=	23400	
MU	LTIPLE DEPEN	IDENT (	CLAIM PRESENT								1	-000	<del>4</del> >140	
• If	the difference	mn 1 is	less than ze	+13 TOI	,		OR	+260=	0.					
	* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II										OR	TOTAL	96000	
	(Column 1) (Column 2) (Column 3)						SMA	LL:	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total :	•		Minus	••	22	=	X\$-	9=		OR	X\$18=		
	Independent • FIRST PRESENTATION OF			Minus	***	6	=	X39	)=	·	ОЯ	X78=		
_	FIRST PRESE	ON OF MI	JLTIPLE DEI	PENC	DENT CLAIM		+13	0=		OR	+260=			
			• •			·			OTAL			TOTAL		
		(Coli	umn 1) (Column 2) (Column 3)					ADDIT.	FEE	L		ADDIT. FEE		
AMENDMENT B	C C		AIMS AINING			HIGHEST NUMBER		<b></b>		ADDI-	1		ADDI-	
		AF	TER DMENT		PF	REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE	
	Total	•		Minus		·	=	X\$ 9	<b>}=</b>		OR	X\$18=	-	
	Independent	1.		Minus	***		=	X39	)=		OR	X78=	-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											.250		
								+130	TAL		OR	+260= TOTAL		
	•		•					ADDIT.			OR	ADDIT. FEE		
_			IMN 1)			olumn 2) IIGHEST	(Column 3)							
S L		REMAINING AFTER AMENDMENT		PI		NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=	X\$ 9	_		OR	X\$18=	166	
	Independent	•		Minus	***		E	X39				X78=		
	FIRST PRESE	NTATIO	N OF MU	LTIPLE DEP	END	ENT CLAIM		1 703	- 1		OR	7/0=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ADDIT, FEE		
i	he "Highest Num	ber Previ	viousiy Paid lously Paid	For (Total or	Indep	endent) is the	is, enter "3." highest number	found in th	в арр	ropriate box				

FORM PTO-875 (Rev. 12/99)

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